



SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Typ ::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	<u>No</u>
Number of copies of CRF::	
Title::	ATOMIZER FOR APPLYING LIQUIDS ONTO EYES
Attorney Docket Number::	1/1223-1-C1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	2
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Dieter
Middle Name::	
Family Name::	HOCHRAINER
Name Suffix::	
City of Residence::	<u>Oberkirchen</u>
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	<u>Vor der Hardt 16</u>
City of mailing addr ss::	<u>Oberkirchen</u>

State or Province of mailing address::
C untry of mailing addr ss:: Germany
Postal or Zip C d of mailing addr ss:: D-55411

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Bernd
Middle Name::
Family Name:: ZIERENBERG
Name Suffix::
City of Residence:: Bingen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Goethestr. 1
City of mailing address:: Bingen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-55411

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: DIESTELHORST
Name Suffix::
City of Residence:: Koeln
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Brauweilerweg 205

City of mailing address:: Koeln
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-50933

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Isolde
Middle Name::
Family Name:: MARTIN
Name Suffix::
City of Residence:: Ingelheim
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Gotenstrasse 19
City of mailing address:: Ingelheim
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-55218

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501

DOMESTIC PRIORITY INFORMATION

Application::	C ntinuity Typ ::	Par nt Application::	Parent Filing Dat ::
This Application	Non-Provisional of	60/348,785	10/23/2001
This Application	Continuation of	10/185,949	06/28/2002

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	101 31 178	06/29/2001	Yes

ASSIGNEE INFORMATION

Assignee name:: Boehringer Ingelheim Pharma KG
Street of mailing address:: Binger Strasse 173
City of mailing address:: Ingelheim
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-55216